

Passive PPO Dental Plan

Your Uniform Health Care Program for Year 2008

The DoD Nonappropriated Fund (NAF) employers are pleased to offer eligible employees and retirees a comprehensive dental plan when you enroll in the Open Choice® or Traditional Choice® medical plan. HMO participants are also eligible to enroll if the HMO does not include dental coverage. The dental plan offers generous coverage for preventive care services and gives you the freedom to use any licensed dentist you wish. However, when you receive dental care from a dentist who belongs to Aetna's dental preferred provider network, you'll pay less for your care. This is called a Passive Preferred Provider Organization Dental Plan (or Dental PPO).

How the plan works

Network dentists have negotiated their fees with Aetna. They generally charge less than non-network dentists, so your benefits are based on a lower cost. This means you pay less and the plan pays less for your dental care. Network dental providers also file claims for you.

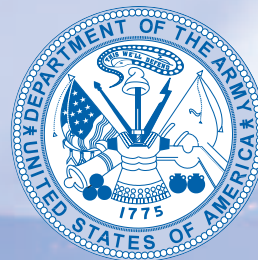
When you receive care from a dentist who does not participate in Aetna's dental network, your benefits are based on the reasonable and customary charge for that service in your geographic area – which is higher than the negotiated fee. As a result, your share of the cost may be higher. In addition, you may need to file your own claims with Aetna to be reimbursed for your covered expenses.

To see if your dentist participates in Aetna's network, click on "Find a Doctor" in the "Shortcuts" menu area on the home page at www.aetna.com. If you would like a printed directory of participating dentists, call Member Services at 1-800-367-6276.

Using a network dentist is voluntary. Either way, the same services are covered. To encourage good dental health, the plan pays 100% for preventive care services, with no deductible. For more advanced care, the plan pays a portion of the expense, depending on the service you receive. Please refer to the Passive PPO Dental Plan Summary of Benefits on the other side of this page for information about how dental services are covered under the plan.

If you are overseas

The Aetna dental PPO network is not available outside the United States. However, overseas employees and retirees will be able to take advantage of the Passive PPO Dental Plan if they visit the United States and receive dental care from a preferred network dentist.



The Department of Defense Nonappropriated Fund Health Benefits Program



**DEPARTMENT of DEFENSE
NONAPPROPRIATED FUND HEALTH BENEFITS PROGRAM**

Summary of Benefits

Passive PPO Dental Plan

Effective January 1, 2008

	Preferred Care Benefits* (In-Network)	Non-Preferred Care Benefits* (Out-of-Network)
Calendar Year Deductible		
★ Individual	\$100	\$100
★ Family of 2 or more	\$200 (2 times individual)	\$200 (2 times individual)
★ Family of 3 or more	\$300 (3 times individual)	\$300 (3 times individual)
Calendar Year Benefit Maximum	\$2,000 per person	\$2,000 per person
Preventive Care Two visits per calendar year. Oral exams, cleanings, X-rays, fluoride treatments to age 15, and sealants to age 18	100%, no deductible (based on contracted rates)	100%, no deductible (subject to reasonable and customary charges)
Basic Care Fillings, root canal therapy, extractions, general anesthesia, space maintainers to age 19, palliative treatments	80% after deductible (based on contracted rates)	80% after deductible (subject to reasonable and customary charges)
Restorative Care Inlays, crowns, fixed bridgework, gold fillings	50% after deductible (based on contracted rates)	50% after deductible (subject to reasonable and customary charges)
Oral Surgery (services that are dental in nature)	100% of first \$1,000; then 80% thereafter, not subject to the deductible and calendar year maximum (based on contracted rates)	100% of first \$1,000; then 80% thereafter, not subject to the deductible and calendar year maximum (subject to reasonable and customary charges)
TMJ Treatment (Temporomandibular Joint Dysfunction)	50%, no deductible (based on contracted rates) \$750 lifetime maximum per person	50%, no deductible (subject to reasonable and customary charges) \$750 lifetime maximum per person
Orthodontia for adults and children (includes TMJ appliances)	50%, no deductible (based on contracted rates) \$1,500 lifetime maximum per person	50%, no deductible (subject to reasonable and customary charges) \$1,500 lifetime maximum per person

* Benefit Payments

When you use a dentist who participates in the dental PPO network, you pay less for your share of the dental expense because network dentists have agreed to accept Aetna's contracted rates. When you use a non-participating dentist, your coverage is subject to the reasonable and customary charge.

* Claim Filing

When you receive care from a dentist who participates in Aetna's dental network, the dentist will file your claim. You may be responsible for filing claims when care is provided by a non-participating dentist.

This chart displays only a general description of your benefits under the DoD NAF HBP. Should there be a conflict between the benefits shown on the chart and those in the Summary Plan Description (SPD), the terms of the SPD will be used to determine coverages and benefits.

